

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/524378**

FILING DATE

APPLICANT(S)

**CLAIMS**

*6/21/06*

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		4				
3		1				
4		1				
5		1				
6		5				
7			1			
8				1		
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49						
50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	9	←	8	←		←
TOTAL CLAIMS	10		8			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						